

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 094857308 FILIN. DATE 10-10-84
APOLANTIC

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|---------------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 5 | | | 2 | | 2 | |
| 6 | | | 2 | | 1 | |
| 7 | | | 2 | | 3 | |
| 8 | | | 2 | | 3 | |
| 9 | | | 2 | | 1 | |
| 10 | | | 2 | | 1 | |
| 11 | | | 2 | | 1 | |
| 12 | | | 2 | | 1 | |
| 13 | | | 2 | | 1 | |
| 14 | | | 2 | | 1 | |
| 15 | | | 2 | | 1 | |
| 16 | | | 2 | | 1 | |
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| TOTAL IND. | | | 21 | | | |
| TOTAL DEP. | | | 36 | | | |
| TOTAL CLAIMS | | | 38 | | | |

| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |